

Region 9 Grant Transfer Form

Recipient: Santa Monica Bay NEP

Assistance Identification Number \_\_\_\_\_

(e.g. D009384-97-0)

CE-99T51301-0

CE 00T745-01

Project/ Program Title \_\_\_\_\_

(e.g. RCRA 3011) CWA 320

San Francisco Bay Water Quality Improvement Fund

Project/Budget Period \_\_\_\_\_

10/01/2016-10/31/2017

New Project Officer \_\_\_\_\_ Erica Yelensky \_\_\_\_\_ Phone \_\_\_\_\_ 23021 \_\_\_\_\_ Mail Code \_\_\_\_\_ Water 22

Grant Recipient Contact Santa Monica Bay NEP Tom Ford Phone Number 310-216-9827

Information on future requirements :

(Next report due, action items, concerns)

Workplan Accomplishments:

(Discuss what has been completed to date)

Funding Information :

( Budget, funds remaining or funding concerns)

Location of all files:

(Provide location of all historical files/ information )

Cube 16333 and 15<sup>th</sup> floor

Departing Project Officer Molly Martin Date of Transfer 5/1/2017

Copy to:

Program Grant File

Grant Specialist, Danielle Carr

Supervisor of Grant Project Officer Sam Ziegler

Instructions:

- 1) This form is to be completed by the departing Grant Project Officer to ensure effective transfer of grant.
- 2) Review the Grant project file, ensure all documentation is in the file.
- 3) Complete the form providing the most current and relevant information to the receiving Grant Project Officer.

01/2006 – Microsoft Word

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